

NOAA DIVING PROGRAM STANDARDIZED EQUIPMENT PROGRAM MEASUREMENT FORM

Name:	Agency/Unit:		
Phone:	Training Module(s):		
Email Address:			Date:
UDS approval:			
Please complete the following and submit as possible.	it to the NO	AA Di	iving Center via FAX at (206) 526-6506 as
Sex:			
Height: ft in			
Weight (pounds):			
Chest/Bust (inches):			
Waist (inches):			
Hips (inches):	_		
Foot size:			
Head circumference (@ widest in	inches) or	hat siz	e:
Neck circumference (inches):			_
Glove/hand size: (circle one) S	M L	XL	XXL
Wetsuit Size (if known):			
Drysuit Size (if known):		_	
Comments:			
Signature:	Date: _		

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